e type a plus sign (+) inside this box -> + Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Applicati n Number 09/334,537 TRANSMITTAL Filing Date June 16, 1999 **FORM** First Named Inventor Raja G. Achari (to be used for all correspondence after initial filing) Group Art Unit 1617 S. Wang **Examiner Name** Total Number of Pages in This Submission Attorney Docket Number 20833003000 ENCLOSURES (check all that apply) After Allowance Communication to Assignment Papers Fee Transmittal Form (for an Application) Group Appeal Communication to Board of Fee Attached Drawing(s) Appeals and Interferences Appeal Communication to Group Amendment / Response Licensing-related Papers (Appeal Notice, Brief, Reply Brief) Petition Routing Slip (PTO/SB/69) After Final Proprietary Information and Accompanying Petition Petition to Convert to a Status Letter **Provisional Application** Power of Attorney, Revocation Other Enclosure(s) Extension of Time Request Change of Correspondence Address (please identify below): Statement under 37 CFR 3.73(b) Terminal Disclaimer Express Abandonment Request **Return Receipt Postcard** Request for Refund Information Disclosure Statement CD, Number of CD(s) The Commissioner is authorized to charge any additional fees to Certified Copy of Priority Deposit Account 20-1430. Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Townsend and Townsend and Crew LLP Jeffrey J. King Reg No. 38,515 Individual name Signature April 4, 2001 Date

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SE 5007602 v1

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/334,537	
Filing Date	06/16/99	\(\frac{1}{2}\)
First Named Inventor	Raja G. Achari	
Group Art Unit	1617	
Examiner Name	S. Wang	0 1
Attorney Docket Number	20833003000	S S S

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:									
☐ A Po	☐ A Power of Attorney or Authorization of Agent is submitted herewith.								4/1
OR									''
☑ Please change the correspondence address for the above-identified application to:							- I		
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☐ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Name	Dr. Steven C. Quay								
Signature	Signature								
Date	3/23/01								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
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	<u>STATEME</u>	NT UNDER	R 37 CFR 3.73(b)	∺	0	П
Applicant/Pate	nt Owner: Nastech Pharmaceutical	l Company, Inc).	_ 6	20	_<
				00/	01	П
Application No	./Patent No.: 09/334,537	Filed	I/Issue Date: 06/16/99	1600/2900		_
Entitled: Phare	maceutical Formulations and Metho	ds Comprising	Intranasal Morphine	<u> </u>		
Nastech Pharn	naceutical Company, Inc.	, a <u>cor</u>	poration			_
(Nam	e of Assignee)	(Type of Assigne	e, e.g., corporation, partnership, university, g	overnment a	agency, e	etc.)
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2. 🔲 ar	n assignee of an undivided part inte	rest				
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A. An assign recorded attached	I in the Patent and Trademark Office	eatent application e at Reel <u>0100</u>	on/patent identified above. The assig <u>51</u> , Frame <u>0287,</u> or for which a copy	nment wa thereof is	IS ;	
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The undersigne	ed (whose title is supplied below) is	empowered to	sign this statement on behalf of the	assignee.		
	3/23/01		SON SON			
	Date		Signature			
			Dr. Steven C. Quay			
			Typed or printed name			
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